

FILING FEE SCHEDULE

1 Number of Resident Partners _____ x \$150.00 = _____

2 Number of Nonresident Partners with
Physical Nexus to New Jersey _____ x \$150.00 = _____

3 Number of Nonresident Partners without Physical Nexus to New Jersey _____ x \$150.00 x _____ = _____

Corporation
Allocation Factor

4 Total Filing Fee (Add Lines 1–3) _____

Carry the total from Line 4 to Line 1 on Form PART-100. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-100.

PARTNERSHIP RETURN VOUCHER

PART-100

☐ **AMENDED**


2003



For period beginning _____, 2003 and ending _____, 20____

Federal Employer I.D. Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Return this voucher with your payment.
Make checks payable to: State of New Jersey – PART
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
PO Box 642
Trenton, NJ 08646-0642

1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Nonresident Noncorporate Partner Tax
4. Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4) 
6. Less: Tax Paid on Behalf of Partnership
7. Less: Payment/Credit
8. Total Balance Due
9. Overpayment: Check one

 Refund Credit to 2004

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